

# The status of Tennessee foster parent training and support including fostering children with Neonatal Abstinence Syndrome (NAS), and the relationships of foster parents' perceived abilities and motivations with likelihood to continue fostering

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## PURPOSES

- To understand the current status of foster parent training and support in the state of Tennessee, and how the current training and support related to the perceived abilities, motivations, and preparedness to foster
- To focus on the training and support for those who foster children with NAS and how that training and support relate to the perceived abilities, motivations, and preparedness to foster

## METHODS

- Survey of registered foster parents, members of a non-profit support advocacy group
- 164 Participants, 75 cared for infants with NAS
- Validity: Expert quantitative review, expert YCF panel, PhD survey think tank
- Reliability (foster parent pretest)
- Descriptive statistics & crosstabulations
- Correlational analysis, regression analysis, and Pearson's chi square statistic test

## DEMOGRAPHICS OF PARTICIPANTS

|                                  | Frequency | Percent |
|----------------------------------|-----------|---------|
| <b>Gender</b>                    |           |         |
| Male                             | 27        | 17.3%   |
| Female                           | 129       | 82.7%   |
| <b>Race</b>                      |           |         |
| White                            | 144       | 88.9%   |
| Black or African American        | 14        | 8.6%    |
| American Indian or Alaska Native | 2         | 1.2%    |
| Other                            | 2         | 1.2%    |
| <b>Region</b>                    |           |         |
| West                             | 22        | 13.9%   |
| Middle                           | 57        | 36.1%   |
| East                             | 79        | 50%     |

## What is NAS?

### Neonatal Abstinence Syndrome

High-pitched crying

Sleep problems

Seizures

Sneezing

Temperature Instability

Feeding Difficulties



Tremors

Symptoms taken from the CDC

<http://multimediacentre.com/2017/01/>

## Results

### What is the state of foster parent training in the three major regions of Tennessee?

#### Above 80% of Foster Parents Trained in:

- First Aid and CPR
- Medication administration
- Cultural awareness
- Working with the birth parents and visitation
- Working with the education system
- Parenting sexually abused children

#### Below 25.6% of Foster Parents Trained In:

- Sudden Infant Death Syndrome (SIDS)
- Shaken Baby Syndrome
- Medically fragile children
- Neonatal Abstinence Syndrome (NAS)
- Soothing strategies for infants with NAS
- Symptoms of NAS
- Children with disabilities
- Parenting a youth offender
- Kinship placement
- Therapeutic foster training

### What is the current state of support offered by agencies or other sources to foster parents in the three major regions of Tennessee?

#### Agency Support:

- Highest: returned phone calls/ texts/emails (77.4%, n = 127) and additional/refresher trainings (76.8%, n = 126)
- Least: equipment, crisis management support, and agency-formed support groups.
- Less than a third reported having support in the form of respite care

### What are the foster parents' motivations to foster children in Tennessee?

- Highest motivation: wanting to make a difference and wanting to give back
- One respondent in East Tennessee: extra income
- One-fifth (n = 34): infertility issues

### What is the current state of training in Tennessee (types, sources, and amounts) related to NAS?

Table 8. Frequencies and Percentages of Foster Parent NAS (N = 75)

| Type of NAS Training                         | Percent | Frequency |
|--|---------|-----------|
| NAS soothing strategies                      | 45.3%   | n = 34    |
| NAS Withdrawal symptoms                      | 44%     | n = 33    |
| NAS medical score sheet                      | 12%     | n = 9     |
| NAS Daily infant care                        | 37.3%   | n = 28    |
| Effects of drug and alcohol abuse on infants | 41.3%   | n = 31    |
| Maternal drug abuse                          | 24%     | n = 18    |
| Community resources                          | 16%     | n = 12    |
| Parental self-care                           | 9.3%    | n = 7     |
| Parental stress management                   | 13.3%   | n = 10    |
| Impact on other children in the home         | 13.3%   | n = 10    |
| Other  | 2.7%    | n = 2     |
| I was not trained                            | 45.3%   | n = 34    |

#### Source of NAS Training

- Lowest source: doctor or nursing staff 18.7% (n = 14)
- Hospital additionally low source, 21.3% (n = 16)
- Foster parent agency: 20% (n = 15)

### Among parents who care for children with NAS, to what extent do they feel the training they received was adequate to meet their needs?

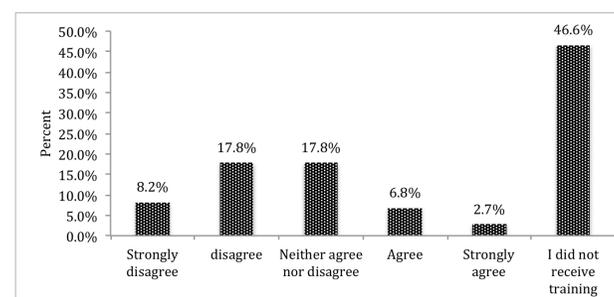


Figure 4. Distribution of Responses on: "The NAS training I received from my agency was adequate to meet my needs."

### Is there a relationship between training (or lack of it) and foster parents' likelihood to continue fostering?

- Crosstabulations generated with Pearson's chi square statistic test to determine relationship, no relationship at the 0.05 alpha level

### Are there relationships between parents' training, gender, age, region, and likelihood to continue fostering?

- Regression results indicate that the model of four predictors, age, gender, East, and West did not significantly predict likelihood to continue fostering  $R^2 = .002$ ,  $R^2 \text{ adj} = -.025$ ,  $F(4, 144) = .087$ ,  $p > .05$ .

## Discussion

- The programs and training developed by Marcellus (2000) differed from Tennessee foster parent training, as her programs and research were Canadian where different laws and regulations exist.
- Canada's initiation of required training for foster parents who care for infants with NAS resulted from a case of Shaken Baby Syndrome (Marcellus, 2000).
- West Tennessee had the highest rates of NAS training, yet, East Tennessee and Middle Tennessee has a higher birth rate of NAS infants (Bauer & Li, 2013) and their training in NAS is lower.
- Why is it that West Tennessee training rates were higher? Perhaps, an answer to the question could lie within the data that was gathered regarding who (what agencies or organizations) were training foster parents to care for infants with NAS. Could it be that agencies were assuming that hospitals, nurses, and doctors were training parents on an individual level and vice versa— the doctors, nurses, and hospitals assumed agencies were training parents?

## Further Research

- It is suggested that this study be completed in other states to compare the status of foster care training (especially in the area of NAS) across states.
- Because of the different interpretations that states make regarding the Foster Care Independence Act of 1999, it would be wise to investigate other states' practices to comprehensively define foster parent training and support.
- An in-depth program evaluation of Canada's Safe Baby program is recommended to fully understand the content, delivery methods, and success rates of the program.

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